

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI, STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

42078

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township CentralPrimary Registration District No. 6033City Clayton, Mo.(No. St. Louis County Hosp. St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. Clabough, Mrs. Mary

(Usual place of abode)

St. St. Louis

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFArthur Clabough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 17 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.56—814

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.at home10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Mo

13. NAME

Unknown

FATHER

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown17. INFORMANT  
(ADDRESS)Arthur Clabough

18. BURIAL, CREMATION, OR REMOVAL

PLACE at homeDATE Dec 5 193119. UNDERTAKER  
(ADDRESS)Rehder & Co.  
1819 Michigan

20. FILED

Dec 4 1931R. W. Hullman

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

12-2193122. I HEREBY CERTIFY, That I attended deceased from  
11-4 1931, to 12-2 1931I last saw him alive on 12-2 1931. Death is saidto have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Maligancy of gall bladder & liver, other diseases of liver, Myocardial insufficiency, congestive.

Date of onset

Other contributory causes of importance:

SenilityName of operation none

Date of

What test confirmed diagnosis? C Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury. ✓ 1931Where did injury occur? ✓  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury. ✓Nature of injury. ✓24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

O. H. Hampton

, M. D.

(Address)

